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**APPLICANTS**  
  
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**\*\* CONTINUING DATA \*\*\*\*\*** none, w.r.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** none, w.r.

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
**\*\* 10/06/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <u>W.R.</u> Initials	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 22	<b>INDEPENDENT CLAIMS</b> 2
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**ADDRESS**  
 23869  
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 11791

**TITLE**  
 Direct drive linear flow blood pump

<b>FILING FEE RECEIVED</b> 393	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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